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THE
CALIFORNIA MEDICAL

JOURNAL

Vol. *xxvi* No. 2

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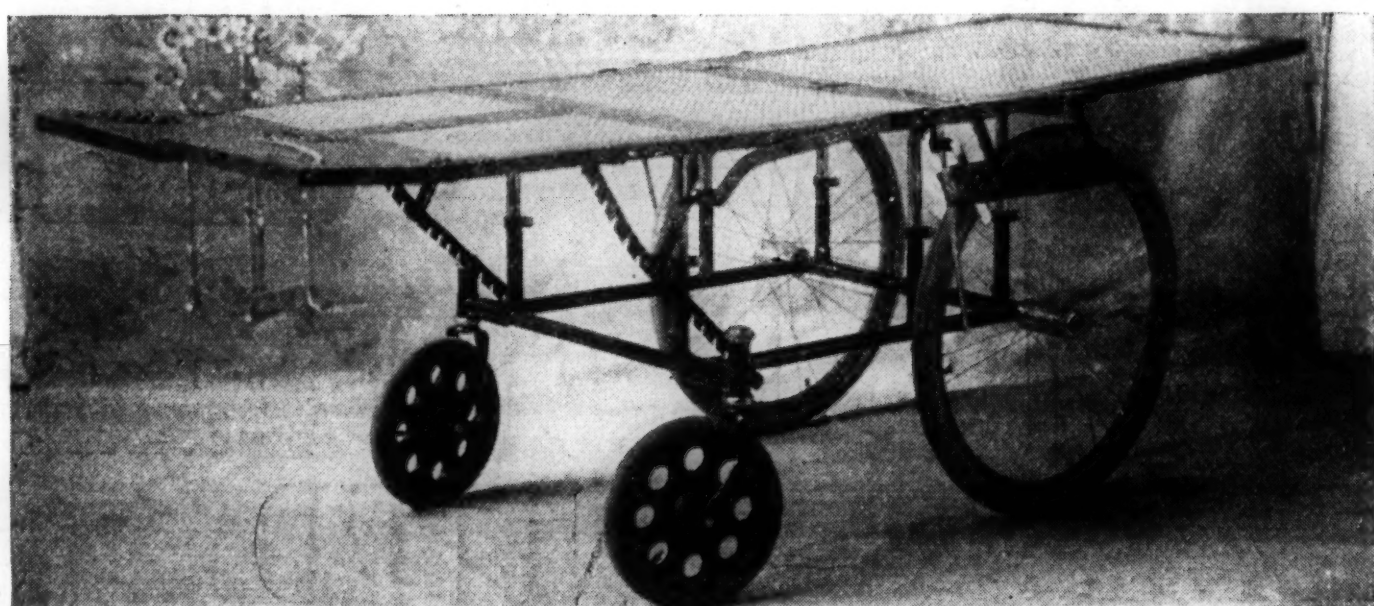
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Entered at the San Francisco Post Office as Second-Class Matter.

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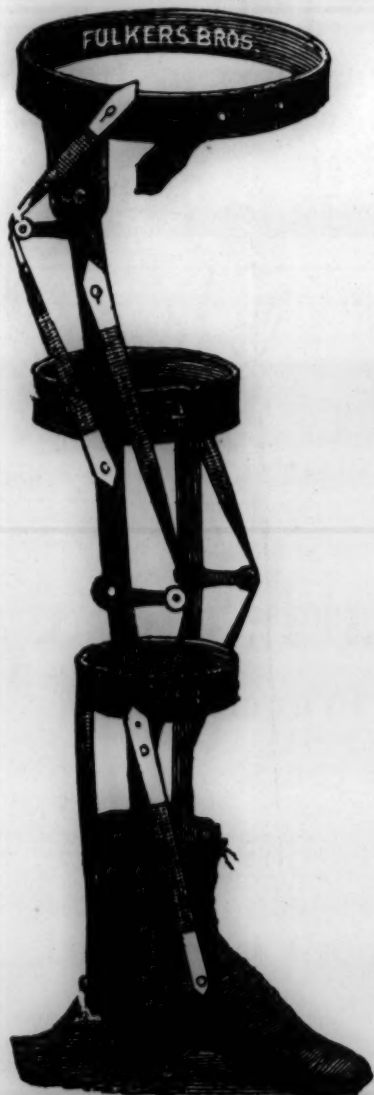
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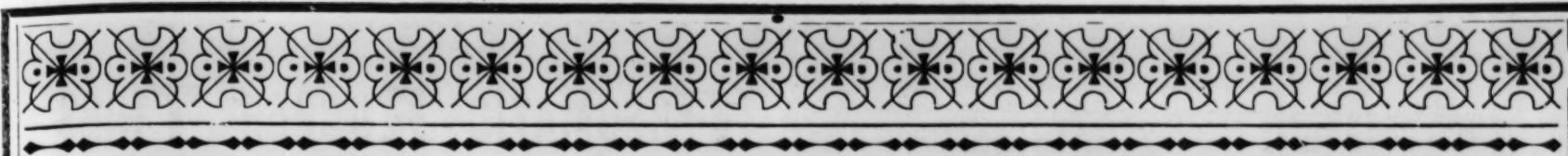
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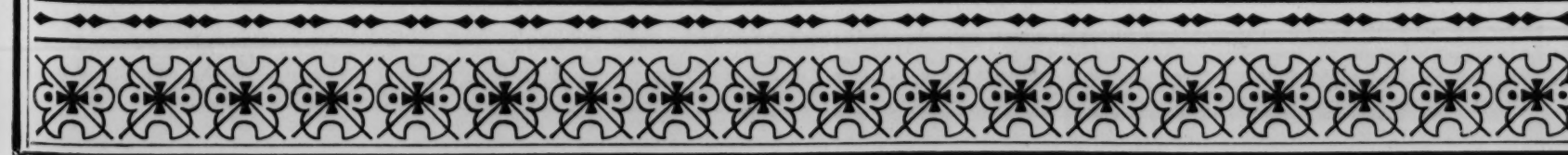
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CALIFORNIA MEDICAL JOURNAL.

Vol. XXII.

FEBRUARY, 1901.

No. 2.

Common Deformities of the Foot, and How to Correct Them.

B. ROSWELL HUBBARD, M. D., SEATTLE, WASH.

A NOT uncommon deformity with which the orthopedic surgeon has to deal is club foot, and the deviation commonly presents four simple and combined varieties, viz:—Talipes Varus, Talipes Equinus, Talipes Valgus, Talipes Calcaneus, Talipes Equino-Varus and Talipes Equino-Valgus.

Talipes equinus presents the heel raised from the floor, the patient standing or walking on his toes, caused by contraction of the gastrocnemius, soleus, peroneus longus and plantaris muscles, or paralysis of the opposing muscles. This deformity usually results from convulsions or inflammatory lesion of the spinal cord, resulting in infantile paralysis. It is rarely congenital.

It is not infrequently the case that this variety is complicated with the turning out, abduction, or in, adduction of the foot, when we speak of the compound deformity as equino-varus or valgus.

Statistics tabulating the relative frequency of the different varieties of club foot, differ with different operators, but it is the experience of all

that talipes equino-varus and valgus are met with more frequently than all the other varieties combined.

I will give a short quotation from two prominent operators that is interesting in that they differ regarding the relative frequency of talipes equino-varus and valgus, and causes therefor.

Prof. A. J. Howe, on page 863 in his "Art and Science of Surgery," says as follows: "Talipes varus is much more common than valgus, the predominance arising from the fact that the muscles which flex the limbs are more powerful than those which extend them. When paralysis affects a limb, the attitude taken is usually that of flexion."

Prof. James E. Moore in his excellent work on orthopedic surgery page 130, says regarding talipes valgus: "This variety is much more frequent than varus, both as a congenital, and as an acquired deformity. It consists of a turning outward of the foot, with prominence of the scaphoid and astragalus on the inner side, and breaking down of the arch of the foot. The acquired is much more common

than the congenital variety. Acquired valgus is usually classified according to its cause."

And on pages 134-5 he further says: "The anatomic changes in congenital and acquired valgus are practically the same. There is little change in the shape of the bones, but their relations are somewhat changed, the arch of the foot is broken down, and the foot is turned outward."

"In severe cases the outer malleolus becomes atrophied and the inner one more prominent."

"Motion in the the ankle-joint becomes limited. In inflammatory flat-foot the bones may become eroded from pressure. And in old cases the astragalus and scaphoid may become united by a new deposit of bone."

"The calcano-scaphoid and calcano-astragaloid ligaments are elongated in all cases. The muscles passing around the inner malleolus are weakened but not paralyzed," etc. The observations of other operators that are at a variance regarding the relative frequency of the two deviations above mentioned might be cited, but I will pass to the consideration of talipes calcaneus and its combinations which deviations stand next in frequency.

This deformity exists in an acquired and congenital form. It presents a depressed heel with a more or less sharp elevation of the anterior portion of the foot. This deviation is usually caused from paralysis of the gastrocnemius and soleus, with the contraction of the opposing muscles, tibialis anticus, extensor longus pol-

licis and digitorum and peroneus tertius.

It often results from accidental causes, as from a cicatrix following a burn, or from rupturing the tendo-Achillis by running, jumping or wrestling and division by cutting of the tendon.

This variety is met with in combination with that of varus and valgus.

Talipes planus or flat foot is frequently met with and is the result of a laxity of tendons and ligaments above the tarsal joint, permitting the tarsal bones to deviate from the normal arched position and really becomes the most dependent part of the foot.

Talipes cavus represents a deformity the opposite of that of talipes planus. It is usually acquired, rarely congenital.

The foot is to a greater or less degree abnormally arched. Paralysis of the gastrocnemius and soleus, and contraction of the plantar fascia, tibialis anticus, and peroneus longus are given as the primary cause. It not infrequently complicates equino-varus. It is not my purpose in suggesting a form of treatment for these several deviations from the normal foot, to allude to other than the course that has given the best results in the clinics of the foremost surgeons of to-day.

It is well understood that the bones composing the ankle joint become ossified about the fourth year, and that prior to this period the infant's foot is in a plastic condition and at a very early period much can be accom-

plished by way of correcting deformities by persistently manipulating the contracted and distorted parts, working the same into normal position and when this is accomplished the foot is held in a slightly overcorrected position by strips of adhesive plaster applied as follows: Bathe the foot with saline solution, wipe dry and then bandage the foot with a gauze bandage over which adjust the adhesive strip one and one-half inches wide and sixteen to twenty inches long, commencing around the instep making two turns towards the toes bringing the strip up on the *inside* of the foot over the great toe joint, then extending it up and along the outer side of the leg where it is made fast, and is secured by a few turns of the gauze bandage or adhesive plaster.

If the adhesive strip proves too irritating to the side of the leg to which it is desired to be made fast the upper end of the plaster strip, extend the gauze bandage first applied, above the point of the plaster attachment. This is the form of plaster application for talipes valgus. If the case be one of talipes varus the adhesive strip is so adjusted that the second turn around the foot will bring the strip up over the outer edge of the foot just back of the little toe, the upper end is then secured to the outer or inner side of the leg as the operator may select.

If the deformity is not well overcome after three to four months persistent effort, operative proceedings should then be resorted to.

In the larger number of club foot

deformities there is in some degree, contraction of the tendo-Achillis. This tendon is to be divided sub-cutaneously. The operator grasps the foot with the left hand and forcibly flexes it and with a sharp pointed tenotome he punctures the skin and fascia about one inch above the insertion of the tendon. There is not so much danger of wounding the posterior tibial artery and nerve if the tenotome is passed in from the outer side of the leg. It is much safer after the puncture is made to use a blunt pointed tenotome to complete the work. The operator making the forced flexion while dividing the tendon is fully aware when the division is complete by the audible snap, and a marked separation between the divided ends.

The foot is now forcibly flexed in proportion to the degree of shortening of the tendon, in extreme cases to the extent of two inches.

In the open space between the ends of the divided tendon a blood clot forms, this acting as a medium for further organization of cellular tissue, ultimately uniting the tendinous ends. Should the vein or artery be accidentally wounded, apply a compress and bandage snugly.

To Phelps of New York must be given the credit of originating the open incision in correcting some of the deformities of club foot, especially that of equino-varus and other varieties presenting contracted skin and fascia, together with muscles and tendons.

The technique is as follows: The

foot must be thoroughly sterilized, to accomplish which wash it well in the several solutions in the order in which they are named: Green soap and water, five per cent solution of Lysol or Creolin, and last in saline solution.

To render the operation practically a bloodless one, first apply the Esmarch bandage. The tendo-Achillis is first divided, then make an incision about one and one-half inches in length, commencing in front of the inner malleolus extending it well across the sole of the foot dividing every form of contracted tissue preventing the foot from assuming the normal position, this being determined by the operator making forced traction, while making his incision. This accomplished, place next to the incised wound a piece of protective tissue, over which a liberal amount of iodoform gauze, and over this including the leg to the knee should be applied absorbant cotton and a gauze bandage run on, followed by the plaster of paris dressing; while the latter is setting the foot is held in an over-corrected position which is to be maintained by subsequent dressings. Much depends upon the proper application of the first dressing. Have a care not to apply it too tight so as to strangle circulation, yet it should be snugly adjusted. The toes which should be left uncovered will present a bluish appearance in a short time if the dressing constricts the soft parts.

The upper two or three turns of the Esmarch bandage encircling the leg just below the knee should not be

loosened till the dressing is completed.

If the patient develops no unpleasant symptoms, such as fever, restlessness, and a bluish condition of the toes, the first dressing should not be removed for three or four weeks when the wound is usually healed; if so, bathe the foot in warm water and re-apply plaster dressing as at first, minus the iodoform gauze. In some cases the foot cannot be forced into its proper shape after division of the contracted tissue till linear osteotomy or resection of one or more of the tarsal bones is resorted to.

As relapses are apt to recur all appliances in the after treatment should hold the foot in a super-corrected position. The open incision in children under one year of age is seldom resorted to, only in extreme distortions.

To overcome flat foot, if it be a severe case, mechanical force is applied, the sole resting against some fixed point, forcibly arching it; in some cases it can be accomplished by the operator using his knee as a fulcrum making traction on the heel and toes. In either case the patient should be given an anesthetic. This accomplished a plaster of paris cast should be made of the foot in its super-corrected position and worn for some time, eventually a brace of tempered steel or aluminum can be fashioned over a plaster cast of the sole and sides of the foot that can be worn for months or until the deviation is corrected. This form of brace cannot

be worn without constant pain unless the foot has been forcibly arched thereby overcoming contracted tendons, ligaments and fascias.

The sole of a shoe can be so fastened by the maker as to accomplish the desired end; it should be made to fit the super-corrected arch, built a little higher on the inner side, and its floor surface should be flat. Thus the foot will be slightly tilted while wearing the shoe and is recommended to such persons as are obliged to be up and about.

In correcting talipes cavus or abnormally arched foot, the same course is to be pursued that was advised in equino-varus; that is, incising any contracted tissue that is responsible for the distortion.

The plantar fascia is always contracted and the skin also to some extent, and in marked cases the contraction of the long calcaneo-cuboid ligament is a factor to be taken into consideration.

Bathing the feet in hot water, with massage and manipulations accom-

plishes but little. The contracted tissues must be divided and to this end pass a tenotome between the skin and fascia posterior to the center of the foot and from the inner side. Extend the blade well across the foot, and turn the edge in the direction of the bony arch of the instep. The operator makes forced flexion of the foot while making his incisions; in this way he is apprised of the division of the contracted parts.

The operator should not hesitate to resort to the open incision of Phelps in any aggravated case of arched foot; not omitting to run on an Esmarch bandage previously, the upper part of which should not be removed till after a plaster cast is applied, following the same directions regarding the dressing as in operating for equino-varus.

After the contracted parts have been divided the surgeon will be obliged in some cases to exert a great amount of force to reduce the abnormally arched foot to its proper shape which should be maintained by subsequent dressing.

Echinacea in the Treatment of Cholera Infantum.

WM. C. SHIPLEY, M. D., HODSON, CALAVERAS CO., CAL.

Surgeon Royal Consolidated Mines (Cal.) Co., Limited.

HAVING had some experience recently in the treatment of cholera infantum, and not wishing to keep a good thing entirely to myself I take the liberty of reporting the following case, as it is typical of quite a number

of cases that have come under my observation.

It is a noteworthy fact that babies fed on patent foods, and especially that abominable product, condensed milk or evaporated cream as it is

euphoniously styled, are as a rule poorly nourished and prone to bowel troubles of greater or less severity.

This case, a boy eight months old, had been fed on condensed milk from the very day of his birth, and as a result had been sick more or less all his life, but at the time I saw the case he had been having a diarrhoea, attended by colic and general irritability for about three weeks, and presented the following pitiable aspect:

He was emaciated, crying almost continually and his facial expression and bodily attitude depicted the intensity of his sufferings.

His bowels moved between thirty and forty times in twenty-four hours, the evacuated material consisting of undigested curds, mucous, blood and at times casts of the bowels; the odor was intolerable and the discharge so acrid and irritating that the integument from a level with the iliac crests to the popliteal spaces of both legs was excoriated and inflamed.

The thighs were rigidly flexed upon the abdomen and the act of defecation was attended with exquisite pain.

The treatment consisted of, first, a change of diet. He was given every two hours about three ounces of barley water to which was added a drachm of beef juice, the whole salted and partially peptonized; this he took with avidity.

His bowels and buttocks were washed twice a day with a 2 per cent boric acid solution, after which a half drachm each of bismuth sub nitrate and starch with sufficient hot water added to make a paste was injected.

most of which would remain within the bowels for some time.

After drying, the external parts were anointed with petrolatum and dusted with bismuth and chalk.

Internally, half teaspoonful doses every half hour of the following was given:

R Sp M. Aconite.....gtt iij
Sp M. Ipecac.....gtt v
Sp M. Colocynth.....gtt ij
Aquae.....℥ iv

This treatment greatly relieved the symptoms, for the character and frequency of the stools at once changed for the better and the general suffering was less agonizing, but the exhaustion was so profound that each day I could see the little patient slipping away.

Inunctions of quinine and olive oil under the arms and in the groins were used with the hope of stimulating him to reaction, but even this did not have as good an effect as desired, and after trying other remedies that seemed to be indicated, the happy thought struck me to give our old friend echinacea a trial as a last resort.

Two drop doses were given every hour in combination with belladonna or passiflora when indicated and to the great joy of the mother and my own satisfaction inside of twelve hours there was a marked improvement which continued until convalescence was complete.

The treatment of this case occupied about two weeks time and as soon as he was well, cows milk, properly prepared was used instead of the condensed variety and as a result he is a

fine, fat, healthy baby.

Since that time I have had several similar cases and in each echinacea was administered at first with the aconite, ipecac and colocynth, and greatly to my

surprise, the cases would improve immediately.

Another point scored for echinacea and specific medication.

Ancient History of Pre-Natal Influence.

M. H. LOGAN, PH. G., M. D., SAN FRANCISCO, CAL.

Professor of Chemistry California Medical College.

THIS interesting question was not neglected by the ancient Hindu philosophers, for we have the matter fully explored in the Garuda-Purana, most ancient of Vedic writings. I give here a portion of a translation made by Dvivedi, of Bombay.

"The religious man of holy intentions does not see his wife the first four days of her periodical sickness and does not meet her the first week, for conception during that period is sure to produce some most evil minded issue. The issue turns out a son or daughter according as the conception takes place on an even or odd day, (counting from the new moon day of the Hindu month), after the seven days just mentioned.

The conception which takes place on the fourteenth night after sickness is sure to bring forth a son of rare religious merit, great name and favored of fortune; but ordinary people hardly understand how to determine this auspicious moment. And even then much depends on the mind at the moment of conception. From the fifth day after sickness up to the sixteenth the wife should be given sweet

solid food, avoiding everything salt, pungent or acid. The husband and wife should apparel themselves, and otherwise conduct themselves in such a manner as to excite the greatest love and joy in the heart of each other, and thus bring about that unity which is the *sine quo non* of the possibility of good issue.

The nature of the issue depends largely on the condition of the minds of its parents. The son born of such union acquires great learning and shines by his piety and virtue."

Here it will be seen that Schenck was anticipated in his investigations of this interesting subject several thousands of years. Also that the habit of the bee, as to feeding to produce the desired sex was understood.

After the above disquisition follows a detailed description of the parts of the body, and how they should be cared for to produce the best physical and mental results individually, as well as for the purpose of procreation. Seven sympathetic plexi are thoroughly and properly described, each with its own proper function and how best to develop it.



The function of the lungs is also described with the influence they exert over the whole body, particularly over the nervous system. The number of normal respirations for one day of twenty-four hours is stated to be 21,600. Hygiene in its minutest details is next described.

With all this scrupulous observance was it any wonder that medicine as an art and science was not required or desired. There is some symptoms of a relaxation in the hygienic respect in these modern times, or more probably it is due to corruption introduced by contact with invaders.

A Theory.

G. P. BISSELL, M. D., WOODS, OREGON.

I HAVE received several medical pamphlets of late containing more of theoretical speculation than of clinical observation or of therapeutical knowledge.

Now I have a theory and I have as good right to ride my hobby as others, but I want it understood that it is only theory.

Every medical man knows that there are in the human family at least two diatheses—one predisposed to rheumatism, the other to consumption—that the individual of rheumatic and gouty tendency will scarcely contract phthisis and vice versa. It seems that the two conditions are incompatible.

Now that is my theory.

It should seem from the above noted fact that if the man prone to consumption can be made more susceptible to rheumatism and gout it would render him immune from scrofula.

To those who will laugh at this wild idea I will remark that it ill becomes one who subscribes to all kinds of inoculation with cow-pox and horse

serum to dismiss the subject with laughing sneer.

Furthermore, I want to say something in dead earnest about consumption. I believe one cause of its invasion is shallow breathing in the subject. When the consumptive climbs lofty mountains and has to make deep inspirations to fill his lungs with air he is apt to feel immediate relief—so immediate and sudden that many say that they lost their consumption at such a place on such a mountain. That the air may also be dryer is possible, but dryness does not cover the cases cited, for it was as dry lower down as where relief was felt, which fact leaves only deeper inspiration to explain the cause.

Another thing that I have noticed, or think that I have noticed, is that people who grow fat as age advances are apt to have phthisical offspring in the first or second generation.

Now I venture to say that no one who habitually breathes deeply grows fat. The deep breath oxygenizes the carbon and prevents its accumulation.

Perhaps this shallow breathing was transmitted as a hereditary habit to after generations so that what only resulted in obesity in the first born, unburnt carbon has eventuated in tuberculosis later on.

Well what good is in this? I don't

know as there is any. It may set some theorist or some practical man thinking and he may work out some good to humanity. If not, it is but a small loss of ink and paper, and I am the loser.

The Hospitals of Japan.

The Charlotte Medical Journal.

JAPAN has few hospitals, only ten. This is certainly a very small number when we consider that the country has a population of forty-five millions and several large cities, one as large as Philadelphia, and three with five hundred thousand inhabitants each. It has a few cities with a hundred thousand people and no hospital at all. Tokio, the capitol of the nation, only has two, the Imperial University Hospital and the General Hospital.

The former is the largest and in many respects as good as any institution of the kind I have ever seen. It is as large as all the other hospitals of Japan put together. It is almost entirely maintained by the government. It has eighty resident physicians and six hundred trained nurses. The average number of patients treated there is twenty-two hundred, and in the various out-door departments many thousand sick people are treated annually. The main building makes no pretensions to architectural beauty; it is a perfectly plain two-story brick and stone structure, a hundred feet wide and four hundred feet long. It is located in the middle of a beautiful

park, with its lawns, green terraces, tropical trees and plants, playing fountains and here and there artistically arranged and various shaped, are comfortable looking rests or seats, some in the sun, others in the shade, many grouped around fountains, while some are scattered along little rippling streams. Here landscape gardening has reached the highest state of development.

This building is only used for offices, reception rooms, parlors, library museum, billiard rooms, drug rooms, and the microscopical department. This microscopical laboratory is the largest and most complete I have ever seen. Here I had the pleasure of meeting the celebrated Dr. Kitasato who was sent, several years ago, to China and India by the Japanese government to investigate the bubonic plague, and who successfully isolated the bacillus of this disease. He is evidently a very scientific man and an accomplished physician.

With the exception of the operating rooms, all the other buildings connected with this institution are one-story high, made of wood, and join the rear of the large stone build-

ing, leading off from it at right angles and parallel with each other. They are four in number and extend back possibly five hundred feet. About every hundred feet they are connected with each other by covered bridges with glass sides. On both sides of all the wooden buildings, there is a narrow veranda which is usually closed by sliding glass doors. All the wooden buildings are painted white, inside as well as outside.

The physicians and nurses wear white uniforms, European in style. With all this perfectly clean and glittering glass, surrounded by so many flowers and shades, with the sun's rays peeping in here and there, it certainly looks beautiful and healthy.

Connected with these buildings, there is one for the physicians, one for the nurses, and one for the servants, a department for lying-in patients, one for contagious and one for the insane. The architecture of them all is uniform, the distance between them, and the way they are connected are all identically alike. Several other buildings, used for minor purposes, are scattered about over the park, making a perfect network of houses, all conveniently arranged and magnificently kept.

The surgical department is a large two-story stone structure, plain, but rather handsome. It stands off to itself. It is a comparatively new building, has only been finished about a year. It has several operating rooms and amphitheaters, and can take care of about two hundred surgical cases at a time. Minor cases are

usually cared for in the main hospital building.

Surgeons in this country are very conservative, a great deal more so than in America. Patients are slow to consent to be operated on. They have to know that it is their last chance before they will consent. This is not because they are cowards or not as brave as other people are. It is because they have acquired, and to some extent inherited, a prejudice against surgery. This is not peculiar to the Japanese, it is characteristic of all oriental semi-civilized people where Buddhism exists. Some of its former teachings prejudiced the people against surgical operations. To cause bloodshed except when favored by their god of war was a great wrong. There was no exception to this rule, even in their relations to the lower animals. To a great extent this prejudice is gradually being overcome.

This makes the surgical work of this great hospital rather small when compared with its other departments. It has septic as well as aseptic operating rooms. In the former, they pay very little attention to cleanliness, but in the aseptic operating rooms every thing glitters and is in perfect order, and is no doubt, thoroughly aseptic. In and around these operating rooms you can see large and beautifully arranged instrument cabinets filled with every apparatus and appliance known in connection with modern surgery. The most of them are made in Japan, but they import some of them from Germany, England, and a few from America. The wards were overcrowd-

ed, and the rooms for single patients are very small, not over ten feet square, and, strange to say, in an institution so modern and so well equipped in so many respects, they furnish their first class rooms, just as they are in a hotel, with velvet carpets, rugs, curtains, cloth covered sofas and chairs.

The crowding of their wards to overflowing seemed to me cruel, yet the patients looked comfortable, and many of them happy. Both sexes were often in the same ward, being bathed and dressed at the same time, without any embarrassment to any one.

It has been said that nudeness can be seen in Japan more than any other place in the world, but it is never looked at. The correctness of this was impressed upon me when going through the wards of this hospital.

While the surgeons in this country are very conservative, they are not timid. Many of them do excellent work. I spent a day in this Imperial University Hospital, saw several operations, and I observed nothing that was not intelligently and skillfully done. One young assistant surgeon, who could speak a little English, said that he had used the Murphy button seventeen times without a single failure, and that the chief surgeon had performed seven laparotomies for perforation in typhoid fever and had saved three cases.

I was astonished to see so many cases of tuberculosis in this hospital. Forty per cent of the inmates had tuberculosis. Going back over the records for five years shows that thirty-five

per cent of all cases admitted were tuberculosis. This great susceptibility to tuberculosis, on the part of the Japanese, was something new to me. Statistics show that thirty-two per cent of all deaths in Japan is due to tuberculosis. In America it is less than fifteen per cent and we are justly alarmed.

Rheumatism was the next most prevalent disease I found in this hospital, and skin diseases were very rare.

It is easy to observe the causes of consumption in this country. Leaving out all hereditary tendencies, the habits and customs of the people would naturally cause it to develop. Their houses are always built on the ground, uniformly one-story high, few windows and they are like pigeon holes. They have few facilities for heating their houses. Even in the coldest weather they will do without fire, consequently their homes are cold, damp and dark, just the conditions and surroundings to favor the development of tuberculosis. Besides a Japanese seldom has anything on his floor. Sometimes among the better classes they will use a straw matting, something like we use in the summer. They always take off their sandals or wooden shoes at the door and wear nothing on their feet while in the house, no matter how cold and damp it is. With these conditions and method of living it is not surprising that consumption and rheumatism are so prevalent.

The absence of skin diseases among the Japanese is evidently due to their cleanliness. I suppose they bathe

more than any other people in the world. There are over eleven hundred public baths in Tokio alone, and it is estimated that four hundred thousand people patronize these baths daily. They use the water a great deal hotter than we do in America, seldom under 110 deg. Fah., and often 118 or 120 deg. Fah., and remain in the bath for hours, especially in the winter, as it is a cheap way to keep warm. It costs them one sen for each bath, about a half cent in American money.

I noticed in the Imperial University Hospital that they were giving creosote in pulmonary tuberculosis, in seventy-five drop doses, three times a day, injecting serums made in Germany, and experimenting with some made by themselves. They were using inhalers and sprays just as we do, and I suppose with about the same success.

The General Hospital at Tokio is quite a nice institution. It is partly under the control of the Red Cross Society of Japan. It has twenty resident physicians and two hundred trained nurses. Its average attendance is seven hundred, besides thousands of sick people are treated in its various out-door departments. The buildings are old and the grounds have an appearance of dampness and neglect, a lack of brightness that does not very favorably impress a visitor. The general arrangements of the buildings are on the cottage plan, with one very large brick building which is used for the officials of the hospital. The operating rooms are

fairly well arranged and equipped. They will compare very favorably with some of our large hospitals.

The Yokohama Hospital is small and badly arranged, and evidently poorly managed. It is attended by a staff of three physicians, who live in the city. The building is old, damp and dark, surrounded by no gardens or yard.

Kioto, the old capitol of Japan, a city of six hundred thousand population, only has one good hospital. This is the Kioto Hospital Medical School. It is a hospital and medical college combined. They are under one management and the buildings are connected. The grounds cover ten acres and are beautiful. The buildings cover about three acres and all but one of them are made of wood, and are two stories high. The main building is three stories high, built of stone, and it is new and a handsome structure. Twenty-eight physicians are connected with this school and hospital. Twenty-one students were graduated last March. All the physicians live in little cottages on the hospital grounds, and the students room in the main building. Three physicians from Germany and one from Holland teach in the medical department. It is partly supported by the city government.

About five years ago all of its buildings were destroyed by fire and they have only in the last year finished rebuilding them, consequently everything is new and up to date. They have two operating rooms not connected with amphitheater halls. I have

never seen anywhere two operating rooms more conveniently arranged or more thoroughly equipped. Here pharmacy is taught as well as medicine. Several years ago the school was divided into a medical school proper and a preparatory medical school. When a student begins with the preparatory studies it takes him twelve years to graduate.

The Doshesha Hospital at Kioto is kept up by a Canadian mission. It has no resident physician and only one trained nurse, who is from New York. Three physicians attend the hospital, each a week at a time, in rotation. They have six or eight beds fixed up especially for foreigners, and many Europeans and Americans have been cared for there.

Nagoya, a city of two hundred thousand population has only one small hospital. It is a private institution, run by three rather bright, enterprising young Japanese physicians. They had sixteen patients, but none of them were surgical cases.

Osaka has a city hospital. I did not have an opportunity to visit it.

Kobe and Nagasaki each has a hospital. The one at Kobe interested me greatly. Its buildings are very large and it is evidently well patronized. They have eighty trained nurses, and an average of two hundred and fifty patients. Its reception rooms for outdoor patients were crowded to overflowing. The general operating room for third class patients interested me more than anything surgical I have seen in Japan. Here seven operations in one room were being performed at

one time. It reminded me of Barnum's circus, it had so many attractions going on at one time. It had no preparatory ante-room for undressing or dressing. The anesthetic was administered and, in fact, everything connected with each case was done in this one room. Female as well as male patients were admitted and treated or operated on as their time came. I noticed one surgeon was operating for urethral stricture in the male, another setting a broken arm for a little boy, while another was doing gynecological work. Only seven physicians remain in the hospital at night, all the others live in different parts of the city. I could not learn how many were connected with it or how they were appointed.

The Red Cross Society has recently established a hospital in Kobe. The day I visited it, it only had three patients, one nurse, and no resident physician. I did not see the hospital at Nagasaki. I understand it is used partly for the Japanese navy. America, England and Germany all have naval hospitals at Yokohama.

I suppose it might be said that there are a great many other hospitals in Japan that I have not mentioned. There are many little mission hospitals where they are doing dispensary work and often they have a few beds where they take care of three or four patients at a time. A great many physicians have their own little private hospitals. I have visited several of them. They are so small, have so few facilities, and are so poorly patronized that they are not recognized by the

local city directories. The Japanese army has several hospitals. I did not, of course, visit them

The Imperial Hospital at Tokio, that I described at first, seems to be the medical center of Japan. Nearly all the best people, throughout the country, when they have to submit to any important surgical operation, or have any serious complicated disease, go there. The distance from any part of Japan to Tokio is short, the railroad facilities are good and the fare is less than a cent a mile. This makes the surgeons, physicians and specialists there very accessible, and they are patronized more than they are in any other part of the country.

The Japanese physician is peculiarly fitted for certain departments of medicine. It is characteristic of the best element of the race to be industrious, deliberate, careful, and he loves more than anything else to work for days, weeks, and even months, at a single little thing. Mr. East certainly knew the people well when he

tersely said that they seemed to be "great in small things and small in great things." I notice that they are enthusiastic workers in microscopy their patience seems never to tire; they will prepare slide after slide, specimen after specimen, and their interest never sags. This kind of work suits them.

In surgery the smaller and more delicate and difficult the operation is, the more it interests them. The average Japanese physician would rather see a cataract operation than a hysterectomy. To watch them prepare for an operation, the time they seemingly throw away arranging little things, the minute instructions they give their assistants and nurses, even in minor surgical cases, and to observe them fix, with so much care and deliberation, every table and tray, every knife and sponge, perfectly oblivious to time, is as amusing as it is tiresome to the hustling, restless, and impatient American. EDWARD C. REGISTER, M. D.

Nagasaki, Japan, Oct. 23, 1900.

A Dissection of Some Antitoxine Statistics.

J. EDWARD HERMAN, M. D., BROOKLYN, N. Y.

N. Y. Med. Journal.

THE inclusion by the culture method of diagnosis of many cases as diphtheria which formerly were not regarded as diphtheretic, vitiates the present statistics for the purpose of comparison with results in the past, when bacteriology had not become so self assertive. That bacterial diagnosis immediately caused many pre-

viously ignored cases to be included in the notification lists, is made clear by the following extracts from boards of health of New York City, Brooklyn and Boston.

In Brooklyn, in 1892 and 1893, a total of 3,501 cases was reported—this being before the culture system was in operation. But during the two

years, 1894 (when the culture method was introduced) and 1895, the number of cases reported increased to 8,089.

The total number of cases occurring in New York City during 1891 and 1892 was 9,528, the diagnosis in these cases being made without recourse to laboratory methods. Coincident with establishment of means for making the bacterial diagnosis—which was first afforded in 1893 and 1894—the number reported reached 15,623.

During 1892 and 1893, in Boston, there were 2,818 cases which were diagnosticated on their merits by clinical observations after the old method and without the intervention of bacteriology. The laboratory work in Boston was begun in 1894. In this year, and in 1895, the number of cases reported increased to 7,114.

Dr. A. Robin has positively asserted that the Boston laboratory was opened only in 1898. The report of the Boston board of health for 1894 contains this announcement: "The board of health made an arrangement with Professor Ernst for this work to be done at the Harvard Medical Laboratory. Dr. McCollom, the physician to the board, having qualified himself in bacteriological work, was relieved from other duties and assigned to this. His work in the laboratory has been of great value in connection with the other means now in use for the suppression of diphtheria." In another place in that report it is stated: "This has given rise to the early treatment and isolation where the ordinary means of diagnosis have heretofore left such cases to go as ordinary sore

throat." Speaking of the great increase in the number of cases reported in Boston during the first years following the introduction of this laboratory work, Coakley wrote: "The bacteriological examination of cultures begun in 1894 was the means of discovering many mild cases, and thus increased the total number of cases, and as the patients in these cases mostly recovered, the death rate was reduced."

In Boston, with the addition of a great number of mild cases in 1894 it naturally followed that there must occur a decrease in the case fatality. Yet at the same time there was no actual saving of life; but, on the contrary, the death rate per 10,000 population increased from 9.97 in 1893 to 16.67 in 1894.

A canvas of the reports of the Boston City Hospital and the Willard Parker Hospital in New York City will demonstrate that no objection can be made to the allegation that, with the introduction of the bacterial method of diagnosis, the number of patients admitted to the hospitals about doubled. To the Willard Parker Hospital 876 cases were admitted during 1890-1-2, when the bacterial diagnosis was not yet being made. But we find in 1893-4-5, when the new method was being used, that the number of cases amounted to 1,820. The Boston City Hospital, in 1892-3, received 806 cases diagnosticated from a clinical standpoint; while, with the aid of the culture method of diagnosis, in 1894-5 the number admitted was 2,164.

That the introduction of antitoxine

also augmented the interest in diphtheria and had a great influence in bringing many mild cases to the hospitals, admits of no denial.

Understanding that these two weighty factors were responsible for the presence of such a number of patients in diphtheria hospitals, as was never seen there before, it at once becomes clear why the case fatality declined in these institutions.

Antitoxine advocates have argued when there happened to be a decrease in the diphtheria mortality in any city, that the lowered death rate was the result of the use of antitoxine. In some cities the results have been better during antitoxine years, not only because many cases have been reported which previously were not included in the statistics, but also because diphtheria differs in the number and severity of cases from year to year in any city; and antitoxine happened to be introduced when the epidemic was declining in those places which showed a lessened mortality. This was especially true of Berlin and New York City. In the latter city, diphtheria has had a mortality which has run and up-and-down course for the past half century. The death rate would steadily ascend for a number of years, and then there would be a decline. Antitoxine came into use when the death rate had climbed to the apex of an ascent and, according to the history of the disease in New York City, it was time for the descent to begin. Had antitoxine not been heard of, the decline in the death rate would still surely have taken place. At the end of

1898 the mortality ceased to decline; and, although it had not come down as much during the four antitoxine years as it once did on a previous occasion during a period of four years, in the year 1899 it again commenced to ascend. In other words, the diphtheria death rate and case fatality in New York City was higher in 1899 than it was in 1898. The pendulum swung back despite the use of antitoxine.

In London it was different, for evidently in that city the epidemic did not happen to be waning when antitoxine was brought to the notice of the profession. The consequence is that antitoxine has scored a failure in London. Whereas the death rate before antitoxine years was 48.6, it has gone up to 49.3 during antitoxine years. The diphtheria death rate per 100,000 population increased from 39 in 1898 to 43 in 1899.

In Liverpool during 1887 to 1894 (all years before antitoxine was used) the death rate was 14.8. During the four antitoxine years, from 1895 to 1899, the mortality was 24.1.

The case fatality in Liverpool also increased from 27.7 per cent. to 29.7 per cent. Cobbet, from whose article in the *Edinburg Medical Journal* for June, 1900, these English statistics were obtained, admits: "The change which has occurred has been in the wrong direction, and the mean of the last five years has been seven per cent. higher than that of the preceding four."

In Manchester, the mortality increased from 8.6 in 1897 to 9.4 in 1898,

and in 1899 it had gone up to 15.4 deaths per 100,000 population. The case fatality used to be 29.2 per cent. before antitoxine times. It is now 30.7 per cent. under antitoxine treatment.

In Bristol, the mortality has increased from 13.3 to 13.7; and in Leeds from 22.3 in the period from 1886-1894, to 41.5 during the four antitoxine years 1895-1899.

Of Birmingham Cobbet says: "The records of this town, like those of Liverpool and Manchester, show no sign of having been influenced by antitoxine." The Birmingham death rate from 1892 to 1894 was 18.8. During the antitoxine period it is 37.4. The case fatality before antitoxine years was 20.8 per cent. Since 1895, notwithstanding antitoxine treatment, the

case fatality has risen to 23.4 per cent.

Antitoxine, the serio-comic of medicine, continues to receive constant attention in the journals and promises to remain a prominent subject for future discussion. This is right, for the profession has never had a more momentous question to settle. In the interest of true medical progress, the fallacies of serum therapy must be exposed and the mistaken views concerning statistics based on antitoxine treatment corrected; for if it is not done now, and we blindly follow the bell-wethers of bacteriology, they will lead us into a mire of mistaken conjecture out of which it will take the profession a long time to flounder back to the firm ground of scientific truth.

SURGERY

Edited by GEO. G. GERE, M. D., Parrott Building, San Francisco, Cal.; Prof. of Principles and Practice of Surgery, California Medical College.

Surgical Hints.

In operating there is nothing that wastes more time than to have all the instruments at a distance from the operator, thus necessitating the services of an assistant to hand them as they are needed. They should be placed near the operator, on a little table, or near his first assistant, if one is employed, and should be taken up as needed from the pans in which they lie. It is much easier to help one's self to instruments than to wait until

they are brought, and it does away with one assistant.

Never use force in irrigating a cavity. The best way to do this, if it is possible, is to simply pour in the water gently from a convenient vessel. If a douche bag or similar apparatus is employed, use only as much pressure as will allow the water to run out quietly.

In arriving at a diagnosis in cases of cancer of the breast, it is well to remember that pain is not a necessary

symptom, and that, as a matter of fact, women often go on for a number of months without noticing that there is a swelling in their breasts. As a rule, it is a non-sensitive swelling at first, and this very often deceives the patient, and sometimes, strange to say, the medical attendant.

In cancer of the breast, when making a diagnosis in the early stages, do not attach undue importance to the absence of retraction of the nipple. This is often a very late symptom, especially if the neoplasm first involves the periphery of the gland.

In chronic constipation occurring in children do not rest satisfied with prescribing laxatives. The anus should be carefully examined. The trouble may be due to fissures, which by producing painful contractions, always cause the child to avoid going to stool as long as possible. These fissures are found in the folds where the skin merges into the mucuous membrane. If the child gives such evidence of pain that you cannot examine the anus readily, this fact alone constitutes good evidence that fissures are present.

If possible, never operate on people who are showing active manifestations of syphilis. It is always better to place them on appropriate treatment first.

Surgical operations and cases of midwifery occurring in malarial patients are very apt to cause an active manifestation of this disease. In preparing patients for operation, give them daily doses of quinine if they

have a malarial history, or if they come from a notoriously malarial district.—*International Journal of Surgery.*

Fractures About the Elbow Joints.

The disastrous consequences which so often follow fractures in this region, are due, in the author's opinion, to the arm being kept at a right angle with the forearm midway between pronation and supination. He advises that in all such injuries (except of the olecranon) the forearm should be forcibly extended, then supinated, then acutely flexed; i. e., with the ball of the thumb resting against the neck on the opposite side. A splint is not needed, and is, indeed, harmful. The arm should be secured by a sling passing around the neck and wrist. At the end of three or four weeks, the arm should be dropped a little.

Separation of the Lower Epiphysis of the Femur.—Reduction of the epiphysis and the maintenance of the reduction are sometimes extremely difficult, and in some cases the author has been compelled to open the joint and fix the epiphysis in place with a steel nickel-plated screw.—A. S. Tubby, F. R. C. S., *Lancet*, Nov. 17, 1900.

To Remove the Smell of Iodoform from the Hands.

Bathe the hands in pure vinegar, only a few drams being required. After thorough rubbing, the vinegar may then be rinsed off, and the hands will be found to be absolutely free from the objectionable odor.

Electro-Therapeutics

Edited by F. T. LAMB, M. D., Murphy Building, San Francisco, Cal.; Lecturer on Electro-Therapeutics, California Medical College.

Endometritis.

I shall not enter into all the symptoms of the various types of endometritis, namely, acute, chronic, chronic corporeal, traumatic, and chronic cervical endometritis. This last named form exists as a complication in nearly every uterine disorder, and we must remove the primary cause by general as well as local treatment.

In the writings of our most noted electro-therapeutists we find all do not agree as to the power of the galvanic current to destroy the bacteria in infectious endometritis.

Chronic endometritis may result from the acute form, but is very frequently due to subinvolution. The uterus is hypertrophied, hard and tender; ovaries enlarged, chiefly due to subinvolution, caused by too-frequent pregnancies, and this, in time, will cause the uterus to become enlarged. These conditions are accompanied by copious leucorrhœal discharges, burning pains in the back, more frequent menstruation, and, in addition, prolapsus and painful coition.

In treating these cases I use a hot douche of from four to six quarts of water, at a temperature of 110° F., to wash away any mucous discharges of the cervical canal, allowing the fara-

dic (negative) current to flow through the water, positive electrode on lumbar sacrum. This will give marked relief.

As a regular treatment I use the Primary current, sponge or metal electrode to the os, or intra-uterine, positive; negative to the lumbar spine or sacrum. This will give very good results in allaying the congestion and irritability, and in controlling the discharges of whatever character, acute, chronic, or gonorrheal.

Nature must be assisted in the removal of the abnormal conditions of the mucous membrane through the electrolytic action of the galvanic current, by a prolonged seance from a half to one hour in duration.

In applying the various currents, we should study each case carefully, and use the kind of an electrode best suited to the individual case, whether it may be the intra-uterine, vaginal, or sponge, to reach the cervix or within the cavity, attached to the positive pole of the galvanic current; negative either over abdomen or at the lumbosacral region.

In using the faradic current in these cases I apply the negative to the uterus; positive over the abdomen labile, and, at times, to the sacrum, a fairly strong current, twenty to thirty min-

utes daily, until improvement is shown in the general conditions, then two or three times a week.

When there is peritonitis, ovaritis, or kindred inflammation, I place the negative, stabile, either at sacrum or internally, and apply the positive, labile, over the abdomen, especially to the local points. Where there is pain or tenderness the faradic current should not be used strong enough to produce muscular contractions. The seance should be from half to one hour daily, as the urgency of the case demands.

Post-puerperal metritis, traumatic infection, and inertia are successfully relieved and cured by systematic use of the primary or a mixed current of both primary and secondary coils, following the line of treatment already mentioned.

For endometritis arising from syphilis I use a solution of either zinc sodium or of iodide of potash, by the cat-

aphoretic method, with very good results—bi-weekly treatments.

When using the galvanic current, in the majority of cases, the current should be quite strong, not to exceed thirty milliamperes and not applied longer than ten minutes.

In treating cases of endometritis the vagina must be thoroughly cleansed of all mucus by use of an antiseptic solution, thus freeing the diseased surface of all debris, and exposing the tissue to a more direct action by the currents.

In the use of static electricity with this form of disease my experience has been very limited, and I do not feel prepared to pass judgment upon its merits. I should like to hear from others as to what success they have had with it, in the treatment of this class of disease, and the mode of application.—M. Bonner Flinn, M. D., in *Journal of Electro-Therapeutics*.

GYNAECOLOGY

Edited by J. W. HAMILTON, M. D., Parrott Building, San Francisco, Cal.; Prof. of Gynaecology, California Medical College.

Some Points in the After Treatment of Laparatomy.

Some physicians seem to have no definite views, if judged by their practice, on the after treatment of laparatomy, and, in fact, the same criticism would apply to the preliminary treatment of the same cases. The only

point to which attention is here called is, first to the alimentary tract, and second to the position of the patient in bed. If the bowels have been thoroughly evacuated just prior to the operation the need of subsequent early evacuation is not as great as though the reverse were true.

Possibly, among the minor discom-

forts following laparotomy, flatulence is the most common, and, apart from thirst, the most distressing symptom.

How to meet this successfully is really a most important question. Its presence most frequently is due to the reflexes set in operation by the exposure of the peritoneal cavity to the atmosphere, resulting in reversed, diminished, or suspended peristalsis. To this should be added irritations of the intestinal tract by manual touch and the contact of sponges, and septic influences introduced from without or liberated in the progressive steps of an operation. It would appear that the digestive apparatus itself participates in the disturbance by secreting gas.

When the symptom appears, as it is most likely to, within a few hours subsequent to the operation, the most rational and most effective method for its relief is found in mild catharsis.

If the flatulence is attended with nausea induced by the anæsthetic, time may be an important factor in its relief. If due to ptomaine absorption, from the intestinal tract the operation of a saline is the best remedy. Usually the stomach does not take kindly to laxative draughts. This can be avoided by the administration of high rectal enemas containing half dram or dram doses of magnesium sulphate, repeated every two or four hours, according to the urgency of the symptoms, until peristalsis is corrected, gas expelled per anus, and a liquid stool is passed. Doubtless many patients have been unnecessarily sacrificed by neglect of some such treatment.

The other point is that of posture.

Many, if not most operators, insist on the patient maintaining a dorsal position for days. Unless in cases where, for anatomical reasons, bleeding might be induced or pain aggravated through traction on certain organs, or drainage arrested by change of position, it is better to allow the patient such latitude of position, especially rolling from side to side, as she finds by actual trial is for her comfort.

By such steps gaseous distention of large or small intestines is often relieved, peristalsis quickened, and the comfort of the patient correspondingly enhanced.—*N. Y. Lancet.*

Local Treatment of Uterine Diseases.

[*Med. Times.*]

In using local treatment of the uterus, we should have two objects in view: First, to remove the disease; second, to restore the uterus to its normal condition. Succeeding in the first, the second will follow as a natural consequence; but it may or may not according to the treatment employed. There is no doubt that in the years past and even at the present time, a great amount of the treatment employed, though it arrests the inflammatory troubles, also proves so destructive to the normal uterus as to render the last condition worse than the first.

In the cure of uterine diseases we may follow the generally accepted rules laid down for the treatment of inflammations, which are: Place the diseased organs at rest, and quiet irritation by the indicated sedatives and the local applications which are indi-

ca ed. To accomplish this it is necessary to use all the remedies which are indicated, changing and adapting them so as to meet the symptoms of each case.

Rest should be secured by having the patient abstain from long walks or any employment that necessitates a long-continued standing. If the uterus should be displaced, replace it and keep it in position, if possible.

Position has much to do in modifying the circulation of the pelvic organs: Sitting in a chair all day because they suffer when they walk should be avoided. Short walks or rides followed by rest in the recumbent position are to be advised.

In the treatment, the question arises, first, what remedies shall we use and now shall they be used?

We should not use any agents which may destroy the structure of the uterus, such as nitric and chromic acids, caustic potash, or the actual cautery. Nitric acid and other caustics are not so much used as formerly, but being laid aside in some cases for the no less destructive agents, the galvano- and thermo-cauterics, which have their value in the treatment of malignant diseases, where the destruction of tissue is called for, but in the treatment of inflammations they cannot fail to work great destruction.

In the treatment of chronic endometritis the general treatment should be secondary, and the immediate and undoubtedly best treatment should consist of a thorough curettage, removing the entire broken down and diseased endometrium.

The patient should be prepared in the usual manner for operations by attending to the bowels, baths, diet, etc. The uterus should be properly sterilized and under an anæsthetic the diseased membrane should be carefully scraped away with a curette, an application should then be made of carbolic acid by means of a little cotton wrapped around an applicator, after which the cavity of the uterus should be packed with iodoform gauze, which should remain from 12 to 24 hours, as the case may be, removing a small portion at a time until it has all been removed.

It is well to commence removing it as soon as there is pain from the contractions of the uterus, which gradually contracts after a curettage. In the course of 6 or 7 weeks a new and healthy endometrium is usually developed within which time the patient will be greatly benefitted if not completely restored to health.

Where you can't curette by reason of objections of the patient, some benefit may be derived from the local application to the uterus of tampons saturated with fluid hydrastis, distillate of hamamelis, glycerole of tannin, or belladonna, as the case may be, first wiping away the discharge.

We may also derive some benefit from intra-uterine injections of astringents but the benefit can only be temporary. It is best to resort to the curettage at once which will give you permanent and satisfactory results.—Kimmel Rauch, M. D., Myersdale, Pa.

Eye, Ear, Nose and Throat

Edited by H. BOSWORTH CROCKER, M. D., Auzerals Building, San Francisco, Cal.;
Assistant to the Chair of Ophthalmology, California Medical College.

History of Special Surgery.

The specialty of the oculist began with Alfred Karl Von Graefe of Berlin in 1858. This specialty has made rapid progress throughout the world and is now entirely out of the hands of the general practitioner. The wonderful operations made within the last forty years show the oculist of this century to be master in his line. Men who have had their eyes veiled and crossed, the near-sighted and far-sighted, all who have been relieved, must pay tribute to the oculist of the last half of the nineteenth century.

The ophthalmoscope has its historical origin with Helmholtz of Potsdam, who invented it in 1851. By the aid of this optical device the interior of the eyeball may be viewed and examined. It is a powerful aid to the oculist in testing the distinctness of vision. The ophthalmoscope, though in use for not quite half a century, is diffused over the whole world. The unexpected recognition that it received, even during the first year after its invention, is evidence that it was the means of promotion of medical knowledge. Germany may be proud of this scientific mind!

It is said that the operation for soft cataract was first performed in 1796 by Grasmeyer of Hamburg and Dr.

Conrady of Germany in 1797, who was the first to give an account of the removal of a soft cataract by means of lacerating the anterior capsule by a fine needle and passing it through a certain portion of the cornea. The crude operation, which began in the eighteenth century, continued in that state for sixty-five years, until 1863 Pridgin Teale of Leeds, England, devised a new method of operation, which was followed with very little modification to a marvelous success.

It is claimed that Jaques Daviel of France devised the first method of removing hard cataract. A monument has been erected in honor of Daviel. This operation, like the former, laid dormant for a century, until in 1866 it was modified by Jacobsen of Koenigsberg. Yet not until the illustrious Alfred Von Graefe of Berlin in 1870 brought out the ingenious method of operating on veiled eyes with slight modification by Roosa of New York and Leibreich of London, was the operation in every way successful. It now has its thousands to testify to the glory of modern surgery.

The first specialist on ear diseases was Benjamin Loewenberg, who, though a native of Germany, established himself in Paris in 1863. This specialty was afterward associated in practice with those who made a spec-

ialty of the eye and many have included nose and throat diseases.

Specialists have invented numerous instruments for the purpose of examining the obscure cavity, and as many more surgical instruments for that special organ, for which they have done a wonderful amount of work in operating on the drum head, middle ear, etc.

The specialty of diseases of the nose and throat was first taken up by Ludwig Tuerck of Vienna in 1862; then by Czermak of Buda-Pesth, Hungary, and became very popular throughout Germany and the United States. Some of the most ingenious inventions of instruments and operations on the nose and throat were devised in the nineteenth century.

The laryngoscope was invented in 1804 by Dr. Bozzini of Frankfort-on-the Main. This apparatus was for the purpose of examining the various canals of the body. The instrument consisted of a hollow tube, furnished with a looking-glass at one end and a lantern at the other. In the center of the lantern were two round holes, opposite each other. To the one an eye piece was fixed, to the other the speculum. The flame of the candle used for illuminating was situated just below the level of these apertures. This instrument has been constantly improved until perfected by Tuerck, with an attachment by Tobold of Berlin. With this instrument and a hand mirror placed in the mouth in position the vocal cords can easily be examined and operated on. With the same instrument the nasal cavities are illumi-

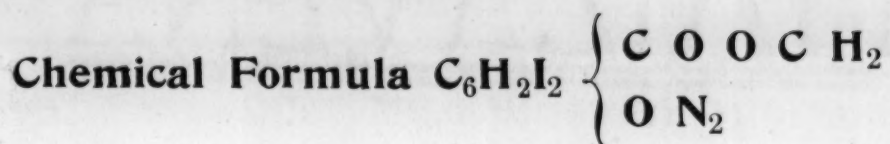
nated, both anterior and posterior, and diseases detected and operated on.

Chalazion.

Two conditions in the lids of frequent occurrence should be differentiated, hordeolum and chalazion. The first requires but the simple incision to relieve or it may get well without treatment, but the second will not yield to such simple measures, and it is a duty we owe our patients to differentiate them and not tell them that a chalazion is a sty and will soon be well, for in all probability it will not, and, while not a dangerous condition, there are excellent reasons why it should be promptly treated and not allowed to go on for weeks and months. The existence of a chalazion unrelieved is likely to cause a succession of them. Being a retention cyst, mechanical pressure is likely to occlude the next duct and so on till a number are involved, and, breaking down, one large sac is formed causing annoyance both from cosmetic effect and impaired mobility of the lid. There is likelihood, also, of its suppurating and finding an outlet through the skin, and the cicatrix may so divert the direction of one or more lashes that wild hairs may cause great annoyance and irritation.

The proper treatment is incision through the palpebral conjunctiva and a thorough curetting of the sac. This may be done by anyone, providing that there are at hand the necessary instruments. —*Providence Medical Journal.*

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Iodozen, when mixed with powdered boracic acid in the proportion of 5 to 10 per cent and used by insufflation, is of value in post-nasal catarrh and ulcerated conditions of the throat, but in specific lesions it is advisable to apply Iodozen pure, in order to produce the necessary antiseptic impression.

A useful dusting powder for the chafing of infants is made by combining Iodozen, 5 per cent with powdered starch—in erysipelas, Iodozen may be advantageously applied to the inflamed surface undiluted.

Combined with vaseline or lanoline, Iodozen forms an ointment of general utility as a healing application, and for the relief of pruritis ani and vulva, hemorrhoids, prostatic irritation and gonorrhea, in which affection it may be used as an injection.

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Corn Silk was originally used as a domestic remedy in France for retention of urine, strangury and cystitis, but since its recognition by the Medical Profession its sphere of utility has been enlarged, and it is now used not only in the above cases, but also after operations on the bladder, in renal colic, prostatitis, gonorrhea and vesical catarrh.

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Avenine is the active principle of *Avena Sativa*, or common oats.

It is highly recommended in neurasthenia, in impotence, and in depressed conditions of the nervous system, in which a nerve tonic is indicated—it is of special value, therefore in cases where there is or has been a drain upon the system, as in Prostatitis, Gonorrhea or Gleet.

Ol Santal Flavus possesses diuretic and balsamic properties, which render it of utility in cystitis and specific urethritis, and in such cases it is now generally preferred to its more ancient congener Balsam Copaiba.

Saw Palmetto can not be classed as a new drug, but a reliable preparation of it is not always available—it is therefore important that physicians who expect good results from Saw Palmetto should specify the preparations of the drug made from fresh berries.

The fresh berries of the Saw Palmetto exert a soothing effect on the vesical and urethral mucous membranes, diminish prostatic irritation, and hence have a wide range of usefulness in these affections of the genito-urinary tract, characterized by catarrhal conditions accompanied by active or passive congestion.

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A Review and Digest *MEDICINE and SURGERY.*

Alcohol in the Acute Stage of Pneumonia.

It is now accepted that alcohol is a food as well as a stimulant. As a food, it may be employed to replace in part, or to supplement, the food already mentioned. I believe it can be resorted to with advantage much earlier than it is usually administered. With the passing of the inflammatory theory of pneumonia we need not be deterred from its use by the fear of aggravating the local trouble. On the contrary, its distinctly anti-germic property aids in inhibiting the local bacterial activity. As to its antidotal action upon the poison already in the blood, there is much favorable clinical evidence. Many instances are on record in which patients almost in extremis have been rescued by the use of twenty or thirty ounces of brandy or whisky in twenty-four hours. Analogy also points in the same direction. The most efficient treatment yet employed for the bite of venomous reptiles consists in the administration of enormous doses of alcohol, and the same is true of poisoning with carbolic acid.

Alcohol may be employed tentatively at any stage in pneumonia. Its action will be shown to be beneficial if twenty minutes after the dose is taken the pulse becomes less frequent and of greater volume, and the respiration slower and deeper. The duration of the betterment is the key to the amount and the frequency of the do-

sage. In the case of drunkards we must remember that alcoholic stimulation begins only when the quantity given exceeds the habitual allowance in health. Much of the frightful mortality of pneumonia in heavy drinkers is doubtless due to the fact that the depressing effect of the disease too often coincides with the prostration caused by the withdrawal of a large part of the alcohol that has become a necessity of their existence. Our first duty in the case of an "alcoholic" with pneumonia is to see that he gets his full daily measure of spirits. The amount of stimulation to be employed is an after consideration.—Andrew H. Smith, in *International Medical Magazine*.

A Year's Supply of Babies.

It will probably startle a good many persons to find, on the authority of a well-known statistician, that, could the infants of a year be ranged in a line, in cradles, the cradles would extend round the globe. The same writer looks at the matter in a more picturesque light. He imagines the babies being carried past a given point in their mother's arms, one by one, and the procession being kept up night and day until the last hour in the twelve month's had passed by. A sufficiently liberal rate is allowed, but even in the going past at the rate of twenty a minute, 1,200 an hour, during the entire year, the reviewer at his post would only have seen the sixth part of the infantile host. In other words the babe that had to be carried when the tramp began would be able

to walk when but a mere fraction of its comrades had reached the reviewer's post, and when the year's supply of babies was drawing to a close there would be a rear guard, not of infants; but of romping six-year old boys and girls.—Medical Counselor.

International Medical Congress: Paris 1900.

At the Paris International Congress of Medicine, three physicians, Dr. Labadie, Delegate of the medico-legal Society of New York, Dr. Bertheau, officier d'Academie of Paris, and Dr. Ducamp, of Bordeaux, read independent reports on a new treatment of tuberculosis discovered by Francisque Crotte.

Dr. Labadie recalls the fact that Crotte made already in the year 1894 a communication about his discovery to the French Academy of Sciences.

This method is applicable to all affections of microbial origin, but has been especially applied for some time for the treatment of tuberculosis.

The method consists in the direct transport and diffusion of medical substances, antiseptics and principally formal-aldehyde through the skin, tissues and bones to the affected parts of the body. This transmission is effected by means of high and medium tension static electricity produced by a powerful electric machine of special design whose discharges and sparks serve as vehicles for infinitesimal quantities of antiseptics without danger or pain to the patient or even infants of tender age, the patient being

seated on an insulated chair.

The treatment consists therefore in the combined action first of the static electric discharges, which kill by themselves the bacilli of tuberculosis but which, when employed without antiseptics, do not remove the dangerous poison of the toxin, and secondly of the action of the formal-aldehyde which introduced by the electricity completes the work of destroying the bacilli and of neutralising the toxin poison and in this way effect the cure.

The antiseptics used in the Crotte treatment are principally: Formal-aldehyde, iode in nascent state, etc. But also other substances, such as gold, iron, antimony, electrolytical copper, etc., can be introduced in this way for therapeutical purposes by the electric currents.

In cases of lung disease the formal-aldehyde is introduced by inhalation of its vapors to the affected parts, in which the antiseptics is further diffused by the electric discharges.

An important feature of the Crotte method is found in the circumstance that as the remedy can be applied directly to the seat of the disease in whatever part or corner of the body it might exist; it will leave the stomach entirely unaffected and unmolested by medicaments, so that the stomach is able to perform its function of nutrition of the patient, which by itself facilitates the desired cure.

The three physicians agree in the extraordinary healing power of the formal-aldehyde transmitted thus by electricity. The results of the treatment are: Rapid diminution of the

symptoms of tuberculosis, of the cough and of the bacilli in the sputum, nearly instantaneous cessation of the fever and the nightly perspiring and as further consequence, a quick recovering of the patient's strength and return of sleep and appetite. The effect of the treatment on children is remarkable, as they are cured of tuberculosis easily and in a very short time.

Dr. Labadie states that by many experiments on animals it has been proved beyond doubt that the medicaments have actually been carried and diffused into the body of these animals by the static electric currents. These animals have been killed afterwards, their internal organs examined by chemical analysis and the various substances introduced in this way, such as mercury, iodine and formaldehyde have been found. All details of these experiments and of the analysis are given by him in his report.

The three physicians express their great confidence and thorough conviction of the the great efficiency of the method and give the statistical results from their own observations on many hundreds of patients treated under their supervision by the Crotte's methods.

The specific indications for *cratogeomys oxyacantha* have not yet been very clearly determined. They would seem to be heart feebleness, with considerable functional disorder showing itself by angina, dyspnoea, palpitation with great weakness, intermittent pulse with deficiency of arterial tonus,

especially if dropsy be present. These symptoms do not cover its entire field of action, as they are present usually in the heart disease of advanced life; while we have cured irregular heart action and pain in the heart with dyspnoea in hysterical young ladies, with this agent.

The external application of mustard is demanded where there is severe acute local pain, usually with coldness of the surface above it. It should be applied in these cases to obtain its immediate full physiological effect. It should reduce redness with an intense burning sensation from four to eight minutes after its application, when it should be removed. Mustard mixed with flour and applied for a slow effect has no influence on acute pain. It has some beneficial effect on old standing inflammations. Soreness with dull and steady pain, slowly developing and persistent, is not greatly benefited by the application of mustard.

The tingling sensation that occurs in the limbs after sleeping, more or less habitual with some parties, may be relieved by three grain doses of the iodide of ammonium given three or four times a day.

Conscientious.

The cobbler tossed the doctors shoes
Unmended on the shelf.

"I will not do the job," he said;

"For in the Scriptures I have read,

'Physician, heel thyself.'"—Memphis Med. Monthly.

College, Alumni, Personal

Dr. S. H. Weitman, '00, has removed from Manton to Redding.

Dr. C. N. Miller, '88, has recently been seriously ill, but we are glad to note his recovery.

Prof. J. W. Hamilton enjoyed a short vacation at Selma during the past month.

Prof. H. W. Hunsaker has removed his offices to the Parrott Building.

Dr. E. H. Goyer, '98, was down from Watsonville recently.

Our readers will be glad to learn that Dr. L. A. Perce of Long Beach, Cal., received a prompt verdict in the damage suit brought by a patient who was burned during X-ray examination. Dr. Perce says the plaintiff's experts proved his best witnesses, and he received a verdict after less than ten minutes' deliberation. He promises us an account of the trial, and we trust he will emphasize the points made by the experts on *both* sides.

The following letter, which lends itself to more than one interpretation, was received by one of our prominent San Francisco physicians recently:

Dear Doctor—Enclosed please find postal order for \$20.00 for services to my wife. She died last Sunday about 8.30 in the evening.

Very truly yours,

Dr. Wm. C. Shipley, '00, was down from Hodson recently. He has all the business he can attend to, and in

four months of practice in that locality he has not lost a single case.

Prof. M. H. Logan has recently suffered another bereavement in the death of his wife.

Dr. G. W. Stout of Ukiah accompanied a patient to this city for operation during the month.

Dr. W. V. Wilcox, '89, is at Arbuckle, Colusa Co., and reports good business.

Medical Societies.

Meeting of the National Eclectic Medical Association at Chattanooga, Tenn.,
June 18-20, 1901.

The next meeting of the National Eclectic Medical Association will be held at the above time and place.

We had the pleasure of visiting Chattanooga recently, and in company with Dr. J. B. Duvall of Atlanta, Ga., looked the ground over, and I am frank to say that it is a marvelously picturesque place indeed as regards natural scenery, while many other conditions conspire to make it also a very interesting place. It is the scene of some of the most famous battles in history. Chickamauga National Military Park is the greatest military park in the world. The National Cemetery, Orchard Knob and Missionary Ridge are all places every American should see without fail.

We have the promise of Lookout Inn, on the summit of Lookout Mountain, at the very reasonable rate of \$2.50 to \$3.00 per day, with place of meeting in assembly hall of hotel.

This beautiful and inspiring structure, 365 feet long, with 400 rooms, built of red sandstone and finished in quartered oak, is luxuriously appointed and finely decorated, with a dining-room seating capacity of 350 persons. It is 1700 feet above the city of Chattanooga and 2500 feet above sea level. Both days and nights there in June will be delightful, pleasant and cool, and the view from the mountain is commanding in the extreme. Henry M. Stanley, the African explorer, standing on Point Lookout, said, "This is the most magnificent view in the world."

Lookout Inn is high above all noise and disturbance, connected with a city as quiet as a forest retreat, where only the hooting of an owl or the echo of your own voice breaks the sweet melodies of nature's music. It is only 30 minutes ride from the center of the city, connected by an incline 4800 feet long and rapid-transit cars.

We shall have more entertainment than the regular sessions of the society will allow during the three days' meeting, so you had better come prepared to stay about a week.

Texas promises a fine delegation. Georgia and Tennessee promise a grand welcome indeed. We shall certainly have the best meeting in the history of the Association. You cannot afford to be absent from this meeting; so come promptly on time prepared to stay the full three days' session, and you will be accorded such a large Southern welcome that you will always remember with pleasure the meeting

of the National at Chattanooga.

E. LEE STANDLEE, M. D.,
President.

SECTION OFFICERS

For the meeting of the National Eclectic Medical Association, at Chattanooga, Tenn., June 18-20, 1891.

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Mass.

Per order of the President,

PITTS EDWIN HOWES, M. D.,

Recording Secretary.

Boston, Jan. 1, 1901.

Surreptitious Business.

When the druggist's clerk is treating his best girl to soda he is apt to forget to put five cents in the till, for he is engaged in surreptitious business.
—Transcript.

Timely Topics.

The Normal Tincture Book, published by the Wm. S. Merrell Chemical Co., Cincinnati, Ohio, is a convenient reference book for physicians to refresh their memories on dosage and therapeutics. Please send your address to the Cincinnati house or to No. 45 Stevenson Street, and obtain one.

* *

Normal Tinctures are gaining the confidence of the physicians very rapidly for the reason that they are pleased to know the exact strength of the preparation they use by a glance at the label. The word normal means full drug power, viz.: grain per minim; bi-normal means double strength; semi-normal, one-half strength; and deci-normal, one-tenth normal. Any physician can also obtain a neat prescription book by sending to No. 45 Stevenson Street.

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The Wm. S. Merrell Co. manufacture the ideal Citrate of Lithia Tablets, which they call Effervescent Lithia Disks. They contain five grains of chemically pure Citrate of Lithium only, no sugar or other dilutants of any kind, and dissolve in one-tenth of the time of the ordinary sugar tablets. They are put up in tubes of 25 each, and make a convenient package which can be carried in the pocket.

* *

33.—EXTRACT TRIFOLIUM COMPOUND. Dr. Rush.—The formula for Ext. Trifolium Compound was originated by Edwin F. Rush, M. D., now of Chicago, but formerly resident physician at Hot Springs, Ark. The combination was used in the form of a concentrated extract, diluted with water or syrup, or full strength, as occasion required. When introduced to the profession by another manufacturer

the wishes of Dr. Rush were disregarded, and it was offered in the form of a syrup, weak in medicinal strength, and therefore unreliable as a medicinal agent, on account of the very large dose necessary to produce the required therapeutic effect.

The sale of the weak syrup has been discouraged by the medical profession, as the aim of these manufacturers appears to have been to push its sale as a "patent medicine" direct to the general public. Dr. Rush has very properly withdrawn the use of his name and formula from such an unprofessional article, and assigned to The Wm. S. Merrell Chemical Co. the sole right to use his original formula and his name in connection therewith.

R. Ext. Trifolium pra. 4½ oz.; Ext. Stillingia syl., Ext. Lappa minor, Ext. Phytolacca dec. Ext. Cascara amarga, Ext. Berberis aquif., each 2½ oz.; Ext. Podophyllum pel., ¼ oz.; Tr. Xanthoxylum car., 5 oz.; Potassii Iodidi, 1 oz.

Extract Trifolium Compound, properly prepared and intelligently used, is far superior to any other remedy or combination now in use, and may be relied upon as the best remedy for Syphilis, Scrofula, Eczema, Psoriasis, Lupus, Old Chronic Ulcers, Glandular Affections, Chronic Rheumatism, and all chronic blood and skin diseases.

* *

MERRELL'S HYPODERMIC SYRINGE.—This syringe is constructed entirely of metal, the surfaces of the plunger and barrel being ground so as to form an airtight joint. In the absence of any foreign substance the piston should work perfectly smooth in the barrel. It is important that the syringe be kept perfectly clean, and to avoid the collection of dirt it is absolutely necessary that both the piston and barrel be wiped thoroughly dry after using.

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CALIFORNIA MEDICAL JOURNAL,

1422 Folsom Street,

San Francisco, - - - California

Editorial.

About the Journal.

This comes pretty near our idea of what a medium-priced medical journal should be. Of course we have improvements planned for the future, but just at present this is about the best we can give you. We cannot and do not pretend to compare with the large Eastern publications, for conditions are different on this Coast, and we bear a greater cost of production and have a smaller number of readers.

We won't tell you any more about the inside facts of the business because it would not interest you. What you want is a good journal, and we are giving you the best we have.

We want more contributions, but make your papers short. Long papers

are tiresome to the editor and rarely interesting reading. If you will look through some medical journals you will find articles running for ten or a dozen pages, describing diagnosis, prognosis and treatment of diphtheria, phthisis pulmonalis, typhoid or some other disease, and nothing, absolutely nothing new. After you have read such an article from start to finish, if you are still awake, you wonder why it was ever written. Then if you are of a suspicious mind you will perhaps take down some System of Medicine or Medical Encyclopedia, and there you will find the same facts presented in much better style.

We don't intend to publish such articles in future, if we ever did in the past. We will give you something each month that you won't find in any other journal, and it won't be taken from any book of reference either. This journal is at your service for the presentation of new ideas and theories. Now put some of your experiences or day-dreams on paper and mail them to us. Nothing will be rejected that we think would be of interest and value.

By this we do not mean that we will publish anything and everything. We must remain the judges of what is best for the greatest number.

That reminds us that some of our readers tell us how to run this journal. When we want advice we will ask it from people whose opinion we value.

This is a business and must be run on business lines if it is to be a success. We have our own ideas, and if they prove fallacious we alone are the

losers. We at least have the satisfaction of knowing that some of our innovations in the past have proven winners, despite the ominous shaking of older and wiser heads.

This all applies to the business portion of the JOURNAL. We invite suggestions relating to the literary work, and we promise to carefully consider all proposed changes, and, if practical, act on the suggestions. We want to please you better than in the past, and we *must* keep the balance on the right side of the page. So if you can suggest anything which you think will improve the book you are free to do so, with this stipulation: *All proposals must be accompanied by an original, short, practical contribution, as a guarantee of good faith.*

If you have an interest in the future of the JOURNAL, the best and quickest way to bring about a change is to do something yourself and not tell others what ought to be done.

Oil of Eucalyptus.

We have recently seen Eucalyptus Oil used as a local application in cases of muscular rheumatism with very good results. Potter, in his work on materia medica, speaks of the use of the bruised leaves applied around an inflamed joint, but makes no mention of the oil locally in rheumatism, nor can we find it mentioned in any other book at our disposal.

This application gives complete relief from muscular pain in a few hours, and no precaution need be taken in its use except against blistering the skin

if it is desirable. Will some of our readers try Eucalyptus Oil both in muscular and articular rheumatism, and report results? Be sure you get a good quality of oil, and do not expect it to act like magic, or you will be disappointed. Is it simply a counter-irritant or a stimulant to the excretory functions of the skin, or both?

Obituary.

Dr. R. Beverly Cole, for many years one of the most able and prominent physicians of this city, died at an advanced age on the sixteenth day of January, after a brief illness. He was a typical Southern gentleman; gallant, hospitable and courteous to all; a man of strong passions, yet having his feelings under perfect control; a conscientious physician, a surgeon of national reputation, and a teacher whose work has done much for the college with which he was so long connected. To enumerate the various positions of honor and responsibility which he occupied during his busy life would be but to name almost every fraternal, scientific and medico-political office which could be bestowed upon any one man. He was always a leader, gaining friends by his courtesy and dignity, making some enemies by his integrity and high appreciation of the honor of his profession. Such men as Dr. Cole are an honor to any State, and though by some gross minds his might not be considered a successful career, yet the honesty of his work will live and influence the profession in this community long

after the brilliant (?) achievements of our younger men will have been forgotten.

It has been proposed that we start a LETTER-BOX, open to all. Do you think it a good idea? If enough of you medicos want to ask questions, we will be glad to give space. Just drop us a line if you are in favor of it.

Appreciative Subscribers.

—I am pleased and proud that our JOURNAL is second to none in the West, and I consider that no Eastern journal is better for the money.

—The JOURNAL is improving with each issue, and the January number is the best journal I have received from any source for years.

—Allow me to congratulate you on your January issue. It certainly is, on the whole, the best copy of the JOURNAL I have ever seen.

—The paper, illustrations, typography and general make-up is a long way in advance of any previous issue, and I heartily congratulate you on your achievement.

—The January issue is a credit to the College, the editor and printer. I know something of the difficulties with which you have to contend, and you deserve a cordial and substantial support. Send me my bill.

—If the men who contributed to your January issue would continue their good work in future, your JOURNAL would always be as valuable as this number is. It is by far the best

copy of the JOURNAL which has ever been published.

—If you can give us a JOURNAL equal to the January number throughout the year, you would be justified in raising the subscription price to two dollars. It would be cheap, and I for one am willing to pay that price.

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Location.

A good location in a railroad town, seventy-five miles from San Francisco. Prosperous farming community. Good roads. Price of outfit and office, very reasonable. Address, G. H. F., care CAL. MED. JOURNAL.

Old Subscribers Read This.

The Library of the California Medical College is desirous of having a complete file of the California Medical Journal for reference. Any one having any of the following numbers to spare will confer a great favor by donating them to the college:

Vol. V, 1884.—Nov.

Vol. VII, 1886.—July.

Vol. XI, 1890.—May, June, July, Aug., Sept., Oct., Nov., Dec.

Send Journals to this office.

Special Enquiry.

The California Medical College has been teaching students for twenty years, and we are desirous of making a record of the success or failure of its graduates. We ask each graduate to send to the Dean a personal history of his position, medical, social and political.

D. MACLEAN, M. D., Dean,
Donohoe Building,
San Francisco.

Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

Panama and The Sierras: a Doctor's Wander Days, by G. Frank Lydston, M. D. 300 pp. Illustrated from the author's original photographs. The Riverton Press, Chicago. Price \$1.75, prepaid.

It was our good fortune to meet Dr. Lydston recently in Calaveras County when he was re-visiting the scenes of his early youth, and after a careful reading of that portion of his book concerning the Sierras, we cannot too highly praise the honest description of places and characters. If the author's account of the scenes and people of the Isthmus are as true to life as are the chapters on California, the book deserves a large sale, not only among the "stay-at-homes" to whom it is inscribed, but among people who have enjoyed "wander days." Perhaps few travelers would have seen all that appealed to Dr. Lydston, for he was looking at the familiar landscapes not with the calm and critical gaze of the typical tourist, but with memory's aid—was seeking to associate what is with what *was*. The changes which have taken place since the days of placer mining, the deserted camps, the desolate road-side inns, the mountain graveyards, all bring up memories of the Argonauts. There is only one fault we find in the book: it is rather disconnected and rambling. This may not be considered a great error, be-

cause this is the tale of a ramble among the hills after forty years absence, and to some extent the deviations from the subject add to the fresh, natural charm of the stories.

To anyone who is acquainted with the scenes and characters described the book will prove pleasant reading and will cast a new light upon the early days. The author has given us a good book, true to life and deserving of a place in the library of every Californian. The account of how old "Doc Jones" of Murphy's disposed of a young competitor is worth the price the book alone. His method might not be applicable in this day, but we have known of some modern Æsculapians who are no more charitable, even after fifty years of refining influence.

Students' Edition: A Practical Treatise of Materia Medica and Therapeutics, with special reference to the Clinical Application of Drugs, by John V. Shoemaker, M. D., LL. D. Fifth Edition, thoroughly revised. 6½ x 9½ inches. Pages vii-770. Extra Cloth, \$4.00 net; Sheep, \$4.75 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This work is compiled with special attention to the needs of the modern medical student. It is concise, and deals with the official drugs and preparations as given in the pharmacopœias of America and Great Britain, and is complete as covering the field indicated.

The introduction of the metric system with the equivalents in the English system is a feature which is commendable. The book is well printed and bound, as are all the publications

of the Davis Company. We bespeak for this volume a large sale among the medical students of this country, and we await with interest the forthcoming Physicians' Edition, which will certainly become a standard, and, we may say, a medical classic.

Urinary Diagnosis and Treatment, by J. W. Wainwright, M. D. Illustrated with numerous engravings and colored plates. Pp. 140. Price \$1.00 net. G. P. Englehard & Co., 358 Dearborn Street, Chicago, Ill.

This book gives not only all the usual methods of urinary examination, but introduces also a new feature in works of this character, viz., a discussion of the clinical significance of the urinary findings and their practical importance in treating the diseases of which they are symptomatic.

Among the subjects discussed are the following: Composition and Physical Character of the Urine; Normal Constituents of Urine; Ab-Normal Constituents; the Microscope and Microscopical Technique; Qualitative Analysis of Urinary Calculi; Bright's Disease, Diabetes, Gout and Other Conditions and Their Treatment; Favorite Prescriptions, etc.

Diseases of the Heart; Their Diagnosis and Treatment, by Albert Abrams, A. M., M. D., San Francisco. Illustrated. Pp. 172. Price \$1.00 net. G. P. Englehard & Co., 358 Dearborn Street, Chicago, Ill.

In this book the author discusses the subject of disease of the heart entirely from a practical aspect. His most noteworthy researches in methods of diagnosis are here recorded for

the first time in collected form, and the latest and most practical methods of treatment given in detail.

We are glad to find that a California physician has entered the literary field, and this work will do much to secure for Californians some recognition as scientific men.

The book is small, but it covers the subject well, and the clear, terse language makes it of special value to the student and medical practitioner.

Modern Medical Electricity, prepared especially for Medical Students, by G. H. Monell, M. D. Edward R. Pelton, Publishers, 19 East 16th Street, New York. Price \$1.00.

This book is in the form of a question compend and is especially useful to students. It is modern, and all statements made are such as have been proven by experiments in actual practice. It would not be out of place on the desk of many practitioners who pretend to be adepts as electro-therapeutists, and we would be pleased to have students and others examine it.

Publisher's Notes.

Worthy and Seasonable.

When the temperature of the body is above normal, conditions are especially favorable for germ development. It is a matter of every-day observation that a simple laxative is often sufficient to relieve the most threatening situation and prevent the most serious complications. To reduce fever, quiet pain, and at the same time administer a gentle laxative and strong tonic, is

to accomplish a great deal with a single tablet. We refer to Laxative Antikamnia & Quinine Tablets (a tonic-laxative, analgesic and antipyretic), each tablet containing:

Cascarin.....gr. 1-8
 Aloin gr. 1-32
 Ext. Belladonna.....gr. 1-32
 Podophyllin.....gr. 1-32
 Quin. Bisulp gr. 1½
 Antikamnia gr. 3

Among the many diseases and affections which call for such a combination we might mention la grippe, influenza, coryza, coughs and colds, chills and fever, and malaria with its general discomfort and great debility.

We would especially call attention to the wide use of this tablet in chronic or semi-chronic diseases.

W. A. Baker, M. D., Clark's Mills, Pa., says: I have had occasion to try Celerina, and am highly pleased with the results. I have used it with marked success in nervous prostration. A lady, 64 years of age, of nervous temperament, was stricken down with congestion of the right lung. After the congestion disappeared, her nervous system failed to recover, resulting in prostration. After trying several remedies I commenced using Celerina, and gave teaspoonful doses every six hours, with steady improvement, until restored to normal condition.

Grippal Medication Simplified.—The large and increasing number of deaths, especially among our prominent men, due primarily to the prevailing epi-

demic of La Grippe, and the serious illness of President McKinley from the same cause, impresses us with the advisability of calling the attention of our many readers to the really excellent remedial qualities of the different products of The Antikamnia Chemical Company in the treatment of this scourge and its many insidious allied diseases. For the purpose of reference we append a list of their various preparations, viz.:

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Antikamnia and Quinine Tablets.

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Laxative Antikamnia and Quinine Tablets.

The last mentioned is a new and without doubt a most desirable combination in the above complaints and also in all malarial and congested conditions.

Sanmetto in Prostrate and Bladder Diseases.—"I have used Sanmetto in my practice for several years, and believe it to be a preparation of more than ordinary merit for the cure of prostratic and bladder diseases. The ethical manner in which it is put before the profession allows the physician to prescribe it, without fear of its use by the laity, in all cases where it is indicated."—R. D. Mason, M. D., Omaha, Neb., Professor of Rectal and Pelvic Surgery in Creighton Medical College, Surgeon to St. Joseph's Hospital.

HUMOROUS,

Michigan and Tennessee.

In Michigan they assess a dog one dollar for being a dog. In Tennessee they assess a man fifty cents for being a doctor. It costs half a dollar more to be a dog in Michigan than a doctor in Tennessee. Don't be a dog.—Ph. Era.

Unfortunate Infirmary.

"What in thunder did you put in that soda?" he gasped.

"Whiskey," replied the clerk, "You winked."

"I winked? My young friend, one of my eyes is made of glass. I'm a temperance apostle."—New Idea.

Rather Cutting.

Pretty Cousin—"Your friend, Dr. Lancet, passed me down town to-day without even a bow!"

He—"Oh, well, you know he's awfully absent minded. He's so completely devoted to his surgical practice."

Pretty cousin—"But that's no reason why he should cut me."—Medical Brief.

Honest Work.

Tramp—"I am no loafer madam, but am unfortunate."

Houswife—"Did you ever do honest work for a living?"

Tramp—"Yes, madam! Upon my word! I was agent for Dr. Wigg's Hair restorer and overworked myself to such an extent that all my hair fell out, and after I became baldheaded the ungrateful doctor discharged me

for the reason that a baldheaded agent would harm the sale of his preparation."—New York Weekly.

Leisure Moments.

Physician—"You should repose on the right side only in order to enjoy a good night's rest. It is positively injurious to lie on both sides.

Patient—"But how can I help it doctor? You seem to have overlooked the fact that I am a lawyer.

Clever Doctor.

Doctor—"You see, wifey dear, I have pulled my patient through after all; a very critical case, I can tell you."

Wife—"Yes, hubby, but then you are so clever in your profession. Ah! if I had only known you five years earlier. I feel certain my first husband—my poor Thomas—would have been saved."—Ph. Era.

A Poor Student.

Little Boy—"Phew! It's awful hot for spring."

Little Girl—"You ought to be thankful it's no worse. S'pose we lived in Arkansas; wouldn't that be awful?"

Little Boy—"Arkansas? Why?"

Little Girl—"You'd better study your g'ography lessons. The g'ography says Arkansas is famous for its hot springs."—Good News.

Net Tobacco.

Braun—"What? You smoking Jam-
eson? I thought your doctor ordered you to give up tobacco?"

Green—"That's all right. This is one of the cigars my wife gave me."—Chicago Record.

Aperitivum Mite Worden

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Properties:—Tonic laxative, peristaltic, carminative.

Indications:—Habitual constipation, atonic conditions of the intestines, impaired portal circulation.

N. B.—Always administer Cascaria Preparations liberally diluted.

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Liquor Ferri et Mangani peptonatus, Worden

Contains $1\frac{1}{2}$ grains of Iron and $\frac{1}{4}$ grain of Manganese as albuminoid peptonates to each tablespoonful. Neutral, non-astringent, permanent solution containing no free ammonia. If it is desirable to form a clear mixture with acid wine a few drops of ammonia may be added. Indicated in chlorosis, anæmia, chorea, during convalescence, excessive loss of blood during operations, etc.

Palmo Santal Compound

(Extract Fl. Serenoa Comp. Worden)

Each fluid ounce represents Saw Palmetto, 240 grains; Corn Silk, 120 grains; Couch grass, 60 grains, percolated by vacuum process.

Dose.—One to two teaspoonfuls in water.

Suggested in disorders of the genito-urinary tract of catarrhal or inflammatory origin, cystitis, irritability of the prostate, etc.



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"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever, but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanious and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

H. W. FELTER, M. D., Cincinnati, Ohio.

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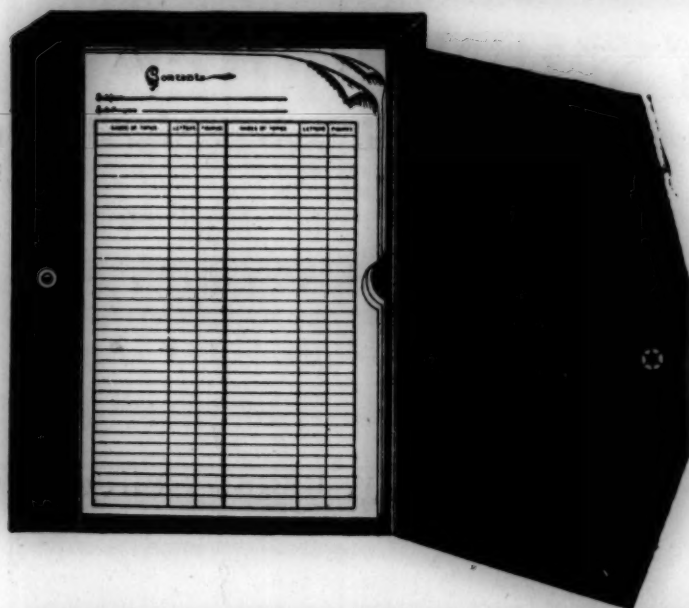
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Annual of Eclectic Medicine and Surgery, by John V. Stevens, M. D., vol. viii, 1897-98, 8vo., 588 pp., cloth, \$2.00.

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GRADUALLY BUT EFFECTUALLY
DOSE: A teaspoonful 3 or 4 times a day.

Prepared from *Chionanthus Virginica*, from which the
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Chemically Pure.

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DOSE: One to three teaspoonfuls as indicated.

Each fluid drachm represents 15 grains of the com-
bined C. P. Bromides of Potassium, Sodium,
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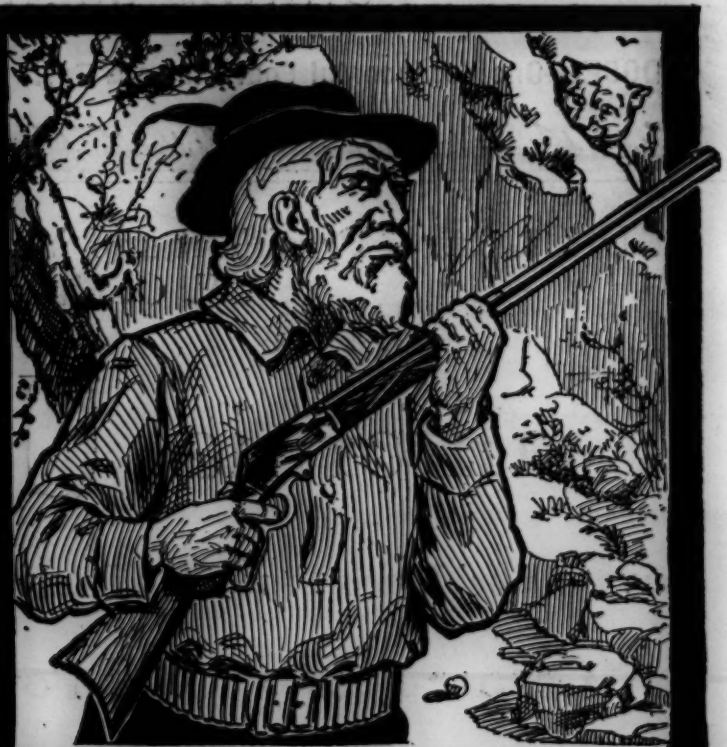
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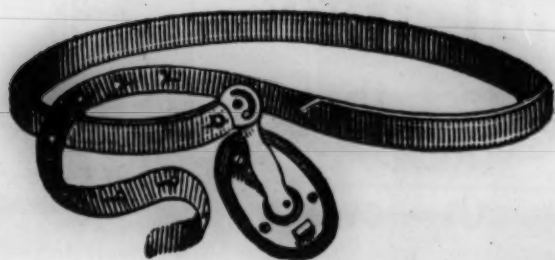
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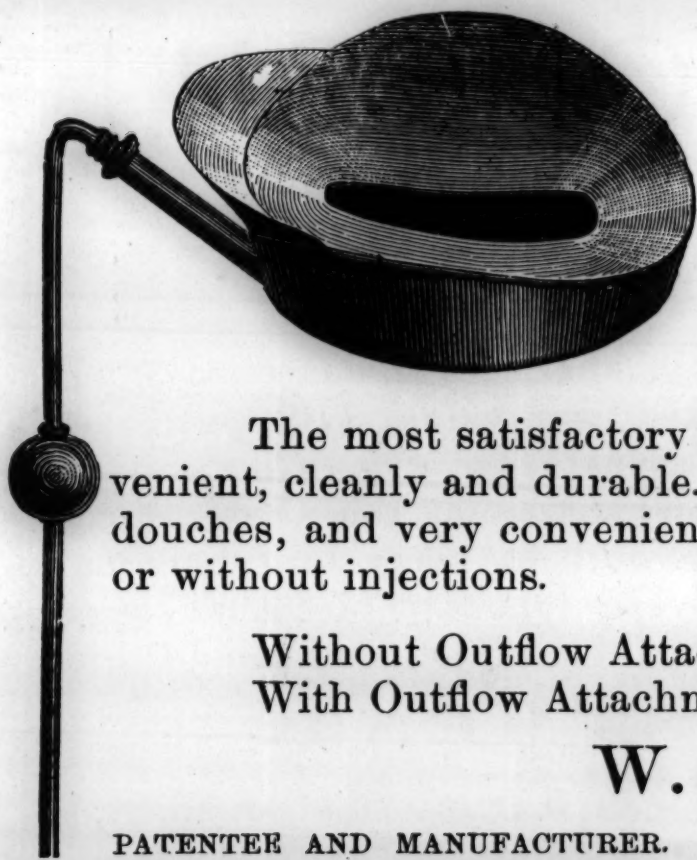
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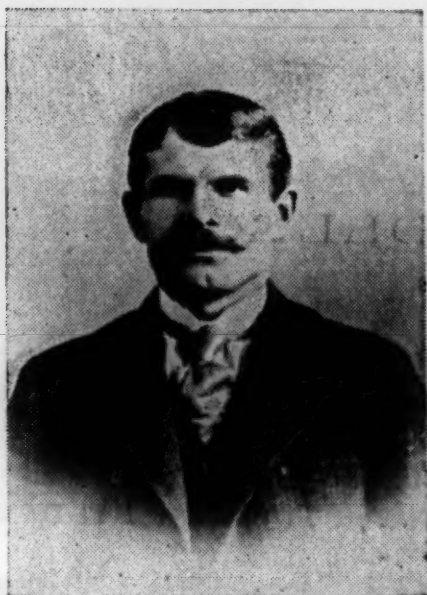
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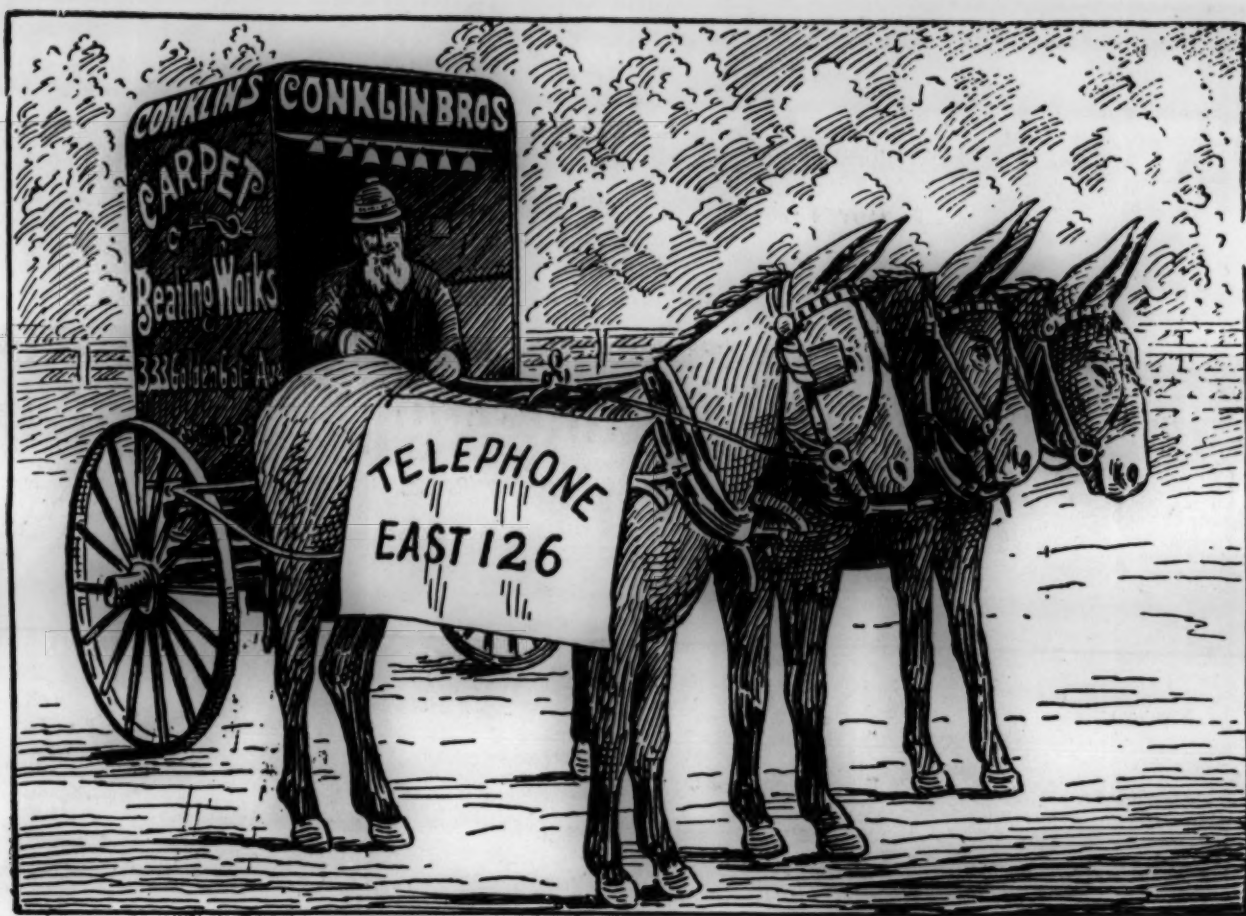
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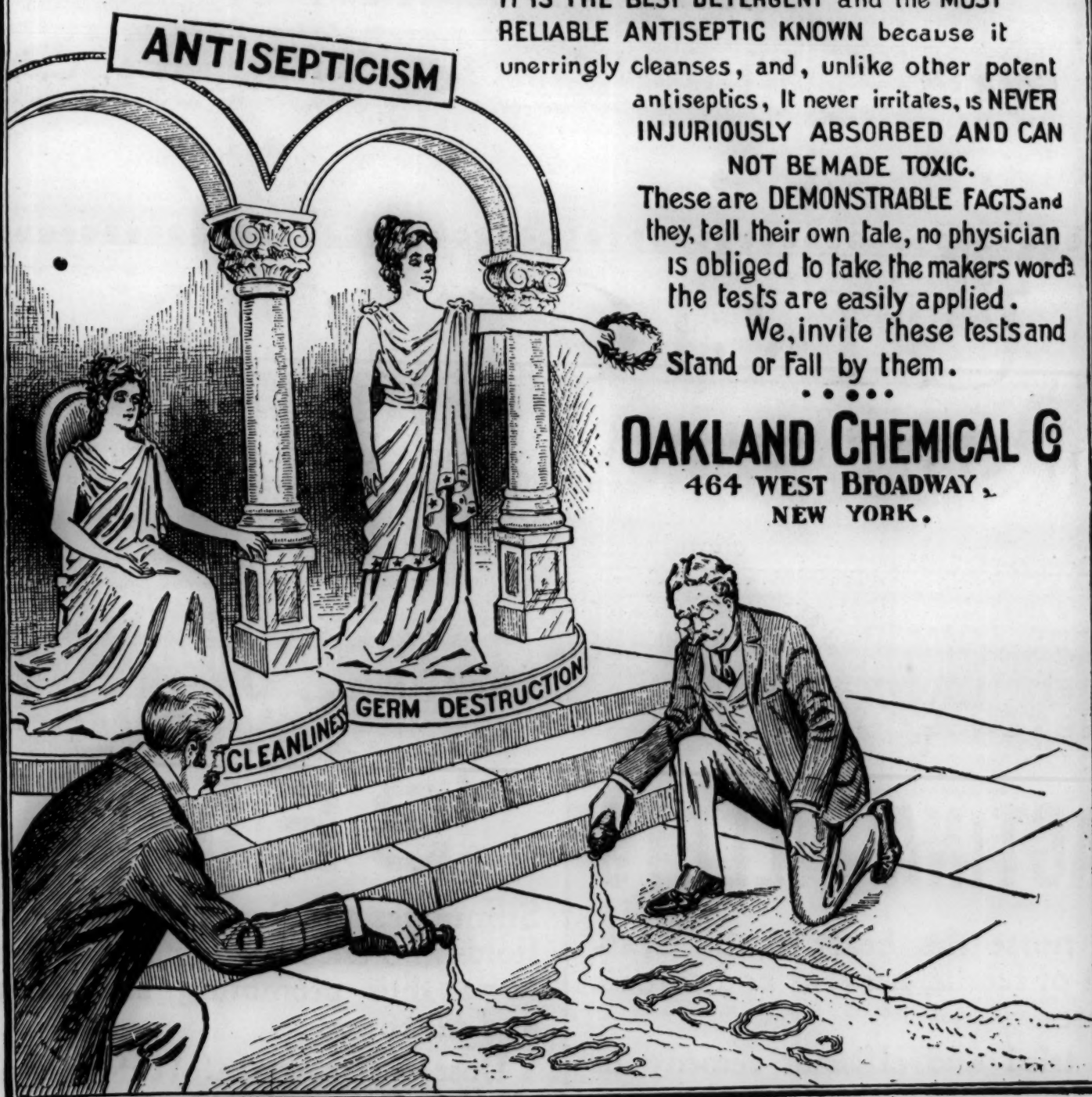
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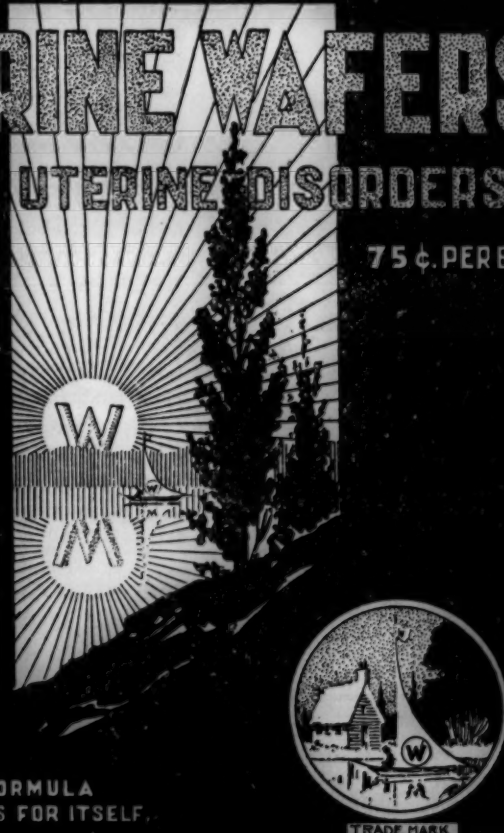
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